



Placer County Health and Human Services Department

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Health Officer and Department Director

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Environmental Health, Interim Division Director

Body Art Facility Plan Review Application

Facility Name: _____

Facility Address: _____

Owner's Name: _____

Owner's Mailing Address: _____

Street City State Zip

Owner's Phone #: () Is the facility within City limits? ☐ Yes ☐ No

Water Supply / Serving Entity: _____

Sewage Disposal Type: ☐ Septic System ☐ Sewer – Entity Name: _____

CONTACT PERSON FOR PLANS: _____

Phone: () Fax: () Email: _____

Mailing Address: _____

Street City State Zip

- ☐ Only one set of plans is required
- ☐ All plans must be easily readable and drawn to scale (minimum 1/4" per foot)
- ☐ Include equipment description sheets with your submittal.

Plans are reviewed in the order they are received. Plans will be accepted or rejected within 20 working days.

You will be notified when your plans are approved or as to the status.

Incomplete plans are put on hold until all requested information is received

CALL FOR CURRENT FEES

Applicant's Signature _____ Date: _____

Check Type

PLAN TYPE

- ☐ Permanent Body Art Facility - NEW
- ☐ Permanent Body Art Facility - Major Remodel
- ☐ Permanent Body Art Facility - Minor Remodel
- ☐ Mobile Body Art Facility

(For Office Use Only)

Fee Disclosure Form Signed: <input type="checkbox"/> Yes <input type="checkbox"/> No					Plans Date Stamped: <input type="checkbox"/> Yes	
Amount Paid	Date Paid	Receipt #	Check #	Check Date:		
\$						